

**PETITION FOR REVIEW OF
DETERMINATION BY STATE BOARD OF
ASSESSORS FOR MANUFACTURING
PROPERTY**

(Personal Property Assessment)

(Real Property Assessment)

(Manufacturing Penalty Assessment)

Petitioner,

vs.

**WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8907
MADISON, WISCONSIN 53708**
Respondent.

TO: THE WISCONSIN TAX APPEALS COMMISSION:

The above named petitioner hereby petitions the Wisconsin Tax Appeals Commission for review of the determination of the State Board of Assessors dated: _____

1.	Full name, address & telephone number of petitioner:	2.	Computer nos. shown on Assessment notice:						
3.	Address of personal property:	4.	Assessment date:						
5.	Value as determined by the State Board of Assessors: (Personal Property Assessment Only)								
	<table border="1"> <tr> <td>Manufacturer's stock</td> <td>Furniture & fixtures</td> </tr> <tr> <td>Boats & watercraft</td> <td>All others</td> </tr> <tr> <td>Machinery & equipment</td> <td>Total value</td> </tr> </table>			Manufacturer's stock	Furniture & fixtures	Boats & watercraft	All others	Machinery & equipment	Total value
Manufacturer's stock	Furniture & fixtures								
Boats & watercraft	All others								
Machinery & equipment	Total value								
6.	Value as determined by the State Board of Assessors: (Real Property Assessment Only)								
	<table border="1"> <tr> <td>Land</td> <td></td> </tr> <tr> <td>Improvement</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>			Land		Improvement		Total	
Land									
Improvement									
Total									
7.	Penalty amount: (Manufacturing Penalty Assessment Only)								
	Date Wisconsin Standard Manufacturing Property Report Form was filed:								

8.	On a separate sheet, please provide a statement of the nature of the petitioner's objection and the facts upon which petitioner relies.							
9.	Petitioner's opinion of the value as of the assessment date: (Real Property Assessment Only) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 50%;"> <tr> <td style="width: 30%; padding: 5px;">Land</td> <td style="width: 70%;"></td> </tr> <tr> <td style="padding: 5px;">Improvements</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total</td> <td></td> </tr> </table>		Land		Improvements		Total	
Land								
Improvements								
Total								
10.	Petitioner's opinion of the value as of the assessment date: (Personal Property Assessment Only) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <tr> <td style="width: 50%; padding: 5px;">Manufacturer's stock</td> <td style="width: 50%; padding: 5px;">Furniture & fixtures</td> </tr> <tr> <td style="padding: 5px;">Boats & watercraft</td> <td style="padding: 5px;">All others</td> </tr> <tr> <td style="padding: 5px;">Machinery & equipment</td> <td style="padding: 5px;">Total value</td> </tr> </table>		Manufacturer's stock	Furniture & fixtures	Boats & watercraft	All others	Machinery & equipment	Total value
Manufacturer's stock	Furniture & fixtures							
Boats & watercraft	All others							
Machinery & equipment	Total value							
11.	<p>Was subject property appraised within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes</p> <p>A. Date of appraisal:</p> <p>B. Appraised value:</p> <p>C. Name and address of appraiser:</p> <p>D. Will testimony concerning this appraisal be presented at the hearing?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. If so, will a copy of the appraisal be offered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. Will comparable sales be offered as evidence at the hearing?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-top: 20px;">If yes, attach a schedule listing the seller's name, the purchaser's name, address of the property, date of sale, purchase price, and any special circumstances surrounding the sale.</p>							
12.	Name, address and telephone number of the petitioner's representative, if any:	Signature of owner/representative:						

This form (original and 5 copies) must be filed with the Tax Appeals Commission within 60 days from the date of the determination of the State Board of Assessors. A \$25.00 filing fee payable to the Tax Appeals Commission must be filed with this form. The Tax Appeals Commission Address is:

Dated: _____

Wisconsin Tax Appeals Commission
Suite 110
5005 University Avenue
Madison, WI 53705
608-266-1391